



DENALI COMMISSION

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April 7, 2003

RECEIVED
APR 10 2003
Office of the Commissioner
DHSS - Juneau

Joel Gilbertson
Commissioner, Department of Health and Social Services
PO Box 110601
Juneau, AK 99811-0601

RE: Amendment No. 1 to the Financial Assistance Award - Project No. 0022-DC-2001-I4a &
Joint Project Agreement - Technical Assistance Sub-Committee of the Health Steering
Committee

Dear Commissioner Gilbertson

Enclosed are three copies of the Financial Assistance Award documents, and five copies of the Joint Project Agreement. These documents define the respective roles and responsibilities of the Denali Commission, the State of Alaska, the Alaska Center for Rural Health, the Alaska Primary Care Association, and the Alaska Native Tribal Health Consortium for a technical assistance subcommittee to the Commission's Health Steering Committee.

If the conditions of the Award, as presented in these documents, are acceptable to you, please sign all three original Amendment No. 1 documents and all five original Joint Project Agreement documents. Return two of the signed Amendment No. 1 documents and retain the third for your records. Please return all five copies of the Joint Project Agreement. Once all parties have signed the Joint Project Agreement an original will be provided to you.

You may call me at the numbers provided above, or call Mr. Joel Neimeyer from my staff at 271-1459, if you have any questions.

Sincerely,

Jeff Staser
Federal Co-Chair

Enclosures

Sent
back
4/17/03
Hoyler

JOINT PROJECT AGREEMENT

**BETWEEN THE
DENALI COMMISSION
THE
STATE OF ALASKA – DEPARTMENT OF HEALTH AND SOCIAL SERVICES
THE
UAA^{AK} ALASKA CENTER FOR RURAL HEALTH
THE
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM
AND THE
ALASKA PRIMARY CARE ASSOCIATION**

**FOR A HEALTH FACILITIES TECHNICAL ASSISTANCE SUB-COMMITTEE TO
THE COMMISSION'S HEALTH CARE STEERING COMMITTEE**

PROJECT No. 0022-DC-2001-I4

February 2003

I. PARTIES

This document constitutes an Agreement between the Denali Commission (an independent agency established by the Denali Commission Act of 1998), the State of Alaska Department of Health and Social Services (a State agency), the Alaska Center for Rural Health (a non-profit corporation housed within the University of Alaska - Anchorage), the Alaska Native Tribal Health Consortium (a statewide Tribal health care organization), and the Alaska Primary Care Association (a statewide member organization).

II. PURPOSE

In one of its earliest decisions, the Denali Commission designated rural health care as a top priority for Commission support, and in particular, primary care facilities and services. In 2000, the Commission identified health care needs in more than 200 Alaskan communities, and estimated the cost of needed rural primary care facilities to be \$253 million. To help address these needs, the Commissioners recruited seven statewide health care organizations into a Health Care Steering Committee that serves as the Commission's primary advisor on rural health issues. Three subcommittees were created to further Committee interests: Technical Assistance for Applicants and Grant Awardees, Management and Storage of Primary Care Service and Facility Data, and lastly, Enhancing Capital Funding for Primary Care Clinics. The Health Care Steering Committee has delegated Chair responsibilities for the Technical Assistance Subcommittee to the Executive Director for the Alaska Primary Care Association.

The purpose of this Agreement is to identify the roles and responsibilities of the parties as members to the Technical Assistance Subcommittee.

III. MUTUAL INTEREST OF THE PARTIES

All the parties are interested in the provision of improved health facilities in rural Alaska and the corresponding improvement in access to health care services.

IV. RESPONSIBILITIES OF THE PARTIES

In general, the parties shall collaborate in providing technical assistance to communities and organizations to address questions associated with project development and health service delivery plans. A typical health facility project will follow three phases: conceptual planning, design and then construction. It is expected that the Technical Assistance Subcommittee shall focus its attention to those projects in the conceptual planning phase and then hand off project assistance during the design phase to either ANTHC for the "Small" clinic and "Repair and Renovation" programs or to the Commission for the "Large" clinic program. However, some support work may be requested during the design phase. Specific responsibilities for each organization follow.

ANTHC shall provide the staffing support of their "Small" and "Large" clinic program managers to the subcommittee. ANTHC shall work with fellow subcommittee members and conceptual planning applicants on questions of project development and in particular site control and development. The ANTHC clinic program managers shall represent specific project matters to the assigned ANTHC professional staff assigned to that community. This staffing shall be supported by separate Agreement between the Commission and ANTHC. For site visits and direct site development expenses borne by ANTHC to support this effort, reimbursement shall also be through separate Agreement between the Commission and ANTHC.

The Department of Health and Social Services, the ^{UAA}Alaska Center for Rural Health and the Alaska Primary Care Association shall provide staffing support for the Technical Assistance Subcommittee including individual technical advisors, as are available, and a senior manager from each organization to provide support and guidance to the Technical Assistance Subcommittee. In general, the senior manager's staff time shall be borne by the respective organization unless the senior manager is providing hands on technical assistance to health service organizations carrying out the conceptual plans. Technical Advisors staff time shall be supported by separate Agreement between the Commission and the respective organization.

The Commission shall provide staffing support of its Health Facilities Program Manager and other staff that may in time become available. Travel associated with the Technical Assistance Subcommittee will be the responsibility of the Commission. Specific trips shall be approved in advance by either the Commission's Health Facilities Program Manager or Chief of Staff (or his delegate). Organizations may elect to have the Commission arrange for travel in advance or submit trip voucher reimbursements.

V. APPORTIONMENT OF COSTS

Project No. 0022-DC-2001-I4 was executed by the State of Alaska and the Commission on March 1, 2001 and was entitled: "Alaska Rural Primary Health Care Needs Assessment – Phase II". A number of the tasks outlined by Phase II have been completed. The Commission and the State intend to amend the Project to reflect how the Commission's health facilities program has evolved. A balance of funding (\$150,000 out of \$300,000) remains from Phase II and shall be used to initially fund the Technical Assistance Subcommittee.

Individual financial assistance awards shall be executed between the Commission and the parties to this Agreement for the allocation of funding.

PERIOD OF AGREEMENT AND MODIFICATION/TERMINATION


This Agreement will become effective when signed by all parties. This Agreement may be amended at any time by mutual consent of the parties. Any party may terminate their involvement with the Technical Assistance Subcommittee by providing 60 days advance written notice to the other parties.

OTHER PROVISIONS

Nothing herein is intended to conflict with current directives of all the parties. If the terms of this Agreement are inconsistent with existing directives of any of the agencies entering into this Agreement, then those portions of this Agreement which are determined to be inconsistent shall be invalid; but the remaining terms and conditions not affected by the inconsistency shall remain in full force and effect.


IN THE WITNESS WHEREOF, the parties have subscribed their names,

4/13/03
Date



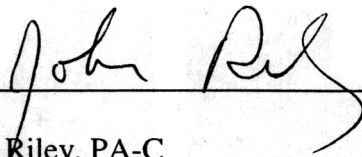
Jeff Staser
Federal Co-Chair
Denali Commission

4/16/03
Date



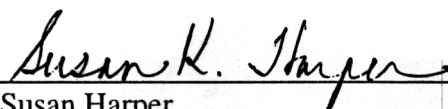
Joel Gilbertson
Commissioner
State of Alaska – Department of Health and Social Services

3/18/03
Date



John Riley, PA-C
Board Chair
Alaska Primary Care Association

3-6-03
Date



Susan Harper
Grants and Contracts Department - University of Alaska – Anchorage
For the Alaska Center for Rural Health

Date

Paul Sherry
Chief Executive Officer
Alaska Native Tribal Health Consortium



Financial Assistance Award

DENALI COMMISSION
510 "L" Street, Suite 410
Anchorage, Alaska 99501
(907) 271-1414

Project Number

0022-DC-2001-I4a – Amendment No. 1

Denali Commission Accounting Code

95670000

FY 2001
Commission funding

\$200,000

Recipient Name & Address

State of Alaska
Department of Health and Social Services
PO Box 110601
Juneau, AK 99811-0601

Phone (907) 465-3030
Fax (907) 465-3068

This Financial Assistance Award was executed on March 1, 2001 to complete Phase II. The original project estimate was \$300,000. A number of project tasks have been completed, but to provide for technical assistance to health service organizations a portion of the project funds will be reallocated to the Alaska Center for Rural Health (\$50,000) and to the Alaska Primary Care Association (\$50,000). The State will also participate in this effort.

Authority

112 Stat 1854

Project Title

Alaska Rural Primary Health Care Needs Assessment –
Phase II & Health Facilities Technical Assistance
Subcommittee

Award Performance Period

From: February 1, 2001
To: September 30, 2004

This Financial Assistance Award approved by the Federal Co-Chair of the Denali Commission is issued in triplicate and constitutes an obligation of federal funding. By signing the three documents, the Recipient agrees to comply with the Award provisions indicated below and attached. Upon acceptance by the Recipient, two signed Award documents shall be returned to the Federal Co-Chair of the Denali Commission and the Recipient shall retain the third document. If not signed and returned without modification by the Recipient within 30 days of receipt, the Federal Co-Chair may unilaterally terminate this Award.

- ☐ EDA Standard Terms and Conditions Public Works and Implementations Construction Components, dated 3/99
- ☒ Special Award Conditions and Attachments
- ☒ Line Item Budget
- ☒ 15 CFR 24, Uniform Admin Requirements for Grants/Cooperative Agreements to State and Local Governments
(www.access.gpo.gov/nara/cfr/waisidx_99/15cfr24_99.html)
- ☒ OMB Circular A-87, Cost Principles for State and Local Governments and Indian Tribal Governments
(www.whitehouse.gov/OMB/circulars/a087/a087-all.html)
- ☒ OMB Circular A-133, Audits of States, Local Governments and Indian Tribal Governments
(www.whitehouse.gov/OMB/circulars/a133/a133.html)
- ☐ 15 CFR, Part 14, Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, Other Nonprofit, and Commercial Organizations
(www.access.gpo.gov/nara/cfr/waisidx_99/15cfr14_99.html)
- ☐ OMB Circular A-122, Cost Principles for Nonprofit Organizations
(www.whitehouse.gov/OMB/circulars/a122/a122.html)
- ☐ OMB Circular A-21, Cost Principles for Educational Institutions
(www.whitehouse.gov/OMB/circulars/a021/a021.html)
- ☐ EDA Standard Terms and Conditions Capacity Building Programs
- ☐ Department of Commerce Financial Assistance Standard Terms and Conditions, dated 10/98

Signature of Authorized Official - Denali Commission

Typed Name and Title

Jeffrey Staser, Federal Co-Chair

Date

4/13/03

Signature of Authorized Official - Alaska Department of Health and Social Services

Typed Name and Title

Joel Gilbertson, Commissioner

Date

4/16/03

**AMENDMENT NO. 1 TO PHASE II
ALASKA RURAL PRIMARY CARE PROGRAM DEVELOPMENT AND SCOPE OF WORK
FEBRUARY 2003**

When originally conceived, Phase 2 was to address health service program delivery questions associated with the facility portion of the October 2000 Final Report – Alaska Rural Primary Care Facility Needs Assessment. The primary method for completing the eight original tasks and objectives was through contractors. Subsequent to the execution of the Financial Assistance Award with the State of Alaska Department of Health and Social Services (A-DHSS or Department), Alaska received a windfall of Federal health service funding known as Section 330 Community Health Center program support funding. The result of the Section 330 funding was a shift of emphasis for the Department with regard to primary care services and Phase II. Instead of relying on contractors the Department hired additional staff and developed a program to respond to the requests for technical assistance from prospective “new start” Community Health Centers.

In addition, in responding to requests for technical assistance from communities and organizations completing the Commission’s request for proposals (RFP) for Health Facility funding, the State collaborated with the Commission and the Alaska Primary Care Association on developing regional workshops. The RFP process also resulted in completed work products to support the process, but in addition addressed most of the 8 original tasks.

The consequence of these two factors is that much of the completed work outlined in the eight tasks were accomplished predominately without contractors. Furthermore, the work products are in use as specific tools to support either the 330 Health Center or Denali Commission Health Facilities program.

Given that much of the work has been completed (and through other funding channels) there is a balance of funding remaining. The parties recognizing the value of further technical assistance to health care organizations, as formalized through the Commission’s Health Steering Committee – Technical Assistance Subcommittee, have added as a scope of work to this Amendment financial support to A-DHSS, the Alaska Primary Care Association and the Alaska Center for Rural Health (all parties to the Technical Assistance Subcommittee). The specific task for these three organizations is to provide technical assistance to organizations and communities that are in the conceptual planning phase of clinic development. This phase is critical to the timely development of a good clinic project, but more importantly sets the foundation for a functioning and sustainable health services delivery program that may or may not include enhanced behavioral health services and other allied social services.

One additional task has been added to the scope of work: the Department will undertake a “white paper” study of “other than primary care” health facilities.

OBJECTIVES AND TASKS	COMMENTS
1. Develop and publish models of primary care services/programs based on the three sizes of community and size of facility as presented in the October Final Report, Vol. 1	
<ul style="list-style-type: none"> • Prepare updated synthesis of available regional, state, federal and/or other guidelines that specify types of primary care services appropriate for types or size of communities, e.g. guidelines for certified rural health clinics, federal community health centers (Section 330), regional health corporation primary care services, community health aide clinics, Assistance for Community Health Facilities program 	Completed
<ul style="list-style-type: none"> • Have stakeholders review program guidelines presented in Final Report and recommend changes as appropriate to the Steering Committee 	Completed
<ul style="list-style-type: none"> • Hold a work session for members of key informant group(s) to develop draft models for programs/health care services 	Completed
<ul style="list-style-type: none"> • Develop and/or update guidelines for service delivery plan for each size community to be used as a tool for the small clinic prioritization methodology – community request for proposals 	Completed
<ul style="list-style-type: none"> • Develop and/or update description of health care management structure for each size community 	Completed
<ul style="list-style-type: none"> • Work with ANTHC, Yukon-Kuskokwim Health Corporation and Norton Sound Health Corporation as facility prototypes are designed in order to assure that this prototype and program/service models are compatible 	Completed
<ul style="list-style-type: none"> • Seek input from representative community clinic staff and management to review draft models of program and health care services 	Completed
2. Develop definition and guidelines for services in “large / >750” communities	
<ul style="list-style-type: none"> • Prepare a document which describes components of a service delivery plan for a multi-community clinic and service areas 	Completed
<ul style="list-style-type: none"> • Review document with representative local community clinic staff and management 	Completed
<ul style="list-style-type: none"> • Work with the Native Health Corporations, current large clinics, and federal/state funded primary care programs to include their knowledge and available descriptions into program documents about larger clinics 	Completed
<ul style="list-style-type: none"> • Participate with Denali Commission and Steering Committee to determine approach for addressing multi-use facilities 	Completed
3. Assemble and/or develop manuals/standardized documents for communities to use in developing their community health system plan, service delivery plan, management plan, policies and procedures, and business plan	

<ul style="list-style-type: none"> Assist ANTHC and Steering Committee in conducting any scheduled public meetings on the facilities RFP to address the service delivery plan and business plan components 	Completed
<ul style="list-style-type: none"> Continue to work with ANTHC to clarify and implement technical assistance strategies emphasizing program needs for communities to respond to Code and Condition Surveys 	Completed
<ul style="list-style-type: none"> Convene a workgroup to identify, review, and/or develop and/or review planning tools (HRSA, USDA, CDC, foundations...) 	Completed
<ul style="list-style-type: none"> Review needs and documents with representative communities to ensure that the documents add value 	Completed
<ul style="list-style-type: none"> Work with ANTHC to determine how the IHS health system planning tools modified by IHS/YKHC/ANTHC include program/service delivery components 	Still to be completed
<ul style="list-style-type: none"> Print and distribute documents/program planning tools 	Completed
4. Enhance and use ARPCF Needs Assessment database to identify program strengths and needs	
<ul style="list-style-type: none"> Review current program responses on ARPCFNAQ for consistency and accuracy with a focus on the communities on the "short list" 	Completed
<ul style="list-style-type: none"> Work with Steering Committee to identify and implement strategies to validate existing ARPCFNAQ and other data, especially for the "short list" 	Completed
<ul style="list-style-type: none"> Increase response rate to ARPCFNAQ by working with communities that did not respond to first survey 	This task was addressed and a number of communities responded, however it was concluded to not use additional resources for minimal response rates.
<ul style="list-style-type: none"> Continue to identify queries that are needed for public and steering committee use 	Ongoing
<ul style="list-style-type: none"> Run queries on specific program issues (e.g. program and program cost deficits, telemedicine, range of services desired and provided, staffing patterns, extended care clinics) to identify and develop special programmatic needs. 	Ongoing
<ul style="list-style-type: none"> Use results of queries on program needs to develop "white papers" and summary reports about program strengths and needs 	Several reports such as the airport lighting summary have been completed. Training has been provided so individuals can complete their own reports.
<ul style="list-style-type: none"> Use information from database to develop recommendations leading to program resources and policy changes to increase access to primary care program services 	Completed
<ul style="list-style-type: none"> Review the ARPCFNAQ process with representative communities to get feed back on how to improve it 	Completed
<ul style="list-style-type: none"> Add to the ARPCFNAQ database information on grants and funding to clinics to track how much health care funding is coming into the village 	Completed
<ul style="list-style-type: none"> Collaborate with ANTHC on their effort to expand the ARPCFNAQ database to accommodate additional information from the code and condition surveys so that the database revisions are coordinated. 	Completed

5. Assist communities in identifying sources of funding for rural health care programs and services	
<ul style="list-style-type: none"> • Develop guide to funding sources for ongoing program support from foundations, federal, state entities 	Completed
<ul style="list-style-type: none"> • Encourage the development of multi-use facilities in conjunction with rural primary care facilities – demonstrate how multi-use facilities can be integrated and funded 	Completed
<ul style="list-style-type: none"> • Provide telephone consultation, workshops, electronic notices, and on site technical assistance on sources of funding 	Completed
<ul style="list-style-type: none"> • Distribute available funding announcements to communities 	Completed
<ul style="list-style-type: none"> • Work with Denali Commission to convene a joint meeting of agencies that provide funding for both primary care services and facilities to develop strategies for increasing collaboration, matching funds, etc. Examples of such agencies include HRSA, DHSS, IHS (village built clinic program) 	Completed
<ul style="list-style-type: none"> • Work with funding sources to identify common requirements and strategies for coordinating funding 	Completed
<ul style="list-style-type: none"> • Work with facilities stakeholders to secure funding for match for facilities, e.g. HUD, DCED, USDA Rural Development, Mental Health Trust, IHS Facility funding: Joint Venture and Small Ambulatory Grant Programs 	Completed
6. Work with Denali Commission to secure funding for training of primary care clinic facility, operations, management and clinical staff in skills to provide cost-effective, quality, and sustainable care; and to operate and maintain the clinic facility	This task will not be undertaken with Phase 2. Both the State and the Commission acknowledge the value of this task and work to complete the task elements through other means.
<ul style="list-style-type: none"> • Review needs and current capacity with representative communities 	
<ul style="list-style-type: none"> • Identify existing summaries of training needs of health clinic staff, boards, managing organizations 	
<ul style="list-style-type: none"> • Identify and distribute information on training opportunities 	
<ul style="list-style-type: none"> • Provide guidance and training on billing and maximizing 3rd-party reimbursement sources 	
<ul style="list-style-type: none"> • Provide guidance and/or training on certification and review procedures used in rural primary care clinics: JCAHO – Joint Commission on Accreditation of Healthcare Organizations, PCER- Primary Care Effectiveness Review, Rural Health Clinic Certification 	
<ul style="list-style-type: none"> • Develop and sponsor training where none exists currently emphasizing shared training across clinics and communities • Collaborate with existing training centers and providers to offer specific sessions and ongoing programs, e.g. University of Alaska, Health Aide Training Centers 	

7. With Steering Committee and Facilities Project Manager (ANTHC) identify and assure the implementation of strategies to provide technical assistance to communities that were determined to not have the capability to sustain the facility and the programs	
<ul style="list-style-type: none"> • Work with representative communities, ANTHC, the Steering Committee and the Denali Commission to identify and implement technical assistance for communities on facility construction proposals per RFP issued in 2/01 	Completed
<ul style="list-style-type: none"> • Work with Steering Committee to identify and implement strategies for providing technical assistance on program capability 	Completed
<ul style="list-style-type: none"> • Provide on site technical assistance to communities on capability development related to program components 	Completed
<ul style="list-style-type: none"> • Provide on-going feedback to facility consultants 	Completed
8. Prepare and present progress reports and other materials to the Denali Commission related to Phase II Primary Care Program Development and support accomplishments and findings (quarterly)	
<ul style="list-style-type: none"> • Provide feedback to the Steering Committee on project accomplishments 	Ongoing
<ul style="list-style-type: none"> • Distribute documents to Denali Commission staff and members and/or Infrastructure Committee that include recommendations on levels of program/service needs, program/service funding deficits, and program/service policy needs 	Ongoing
<ul style="list-style-type: none"> • Distribute and/or present materials and findings at quarterly Commission meetings 	Ongoing
9. White Paper - At the July 25, 2002 Commissioner's retreat the Commissioners agreed to: "Ask (the) Healthcare Steering Committee to structure (a) process parallel to (the) health clinic process for Eldercare, clinic additions and other unmet health needs". The Steering Committee recommended a contract approach and A-DHSS agreed to manage the contract on behalf of the Commission.	Ongoing
10. Technical Assistance to organizations with conceptual planning projects by A-DHSS, the Alaska Primary Care Association, and the Alaska Center for Rural Health.	

Revised Cost Estimate

Item	Amount	Comment
A-DHSS completion of Phase 2 Tasks 1-8 as noted above	\$115,000	
White Paper on "other than primary care" facilities, Task 9	\$35,000	Although estimated to be \$25,000, additional funding is available. In the event that not all of this funding is used, the balance of funding for this line item shall be used by A-DHSS for the provision of technical assistance
Technical Assistance – A-DHSS for Commission funded conceptual planning projects, Task 10	\$50,000	
Subtotal	\$200,000	Financial Assistance Award for Project 0022-DC-2001-I4 shall be amended to reflect the reduced funding amount to A-DHSS.
Technical Assistance – Alaska Center for Rural Health for Commission funded conceptual planning projects, Task 10	\$50,000	Separate funding agreement to be executed between the Commission the Center.
Technical Assistance – Alaska Primary Care Association for Commission funded conceptual planning projects, Task 10	\$50,000	Separate funding agreement to be executed between the Commission the APCA.
Total	\$300,000	